

SCA 23 Rev. 3/98		<h2 style="margin:0;">FINANCIAL AFFIDAVIT</h2>	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF <u>U.S.</u> v.s. <u>ADAM HILL</u>		FOR <u>MASSACHUSETTS</u> AT <u>BOSTON</u>	
PERSON REPRESENTED (Show your full name) <u>ADAM HILL</u>		LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		DOCKET NUMBERS Magistrate District Court Court of Appeals	
1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other			

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY							
EMPLOY- MENT	Are you now <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed						
	Name and address of employer: _____						
	IF YES, how much do you earn per month? \$ _____						
	IF NO, give month and year of last employment _____ How much did you earn per month? \$ <u>10/03</u> <u>500/wk</u>						
ASSETS	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____						
	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____						
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left;">RECEIVED</th> <th style="width: 60%; text-align: left;">SOURCES</th> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table>	RECEIVED	SOURCES	\$ _____	_____	\$ _____	_____
RECEIVED	SOURCES						
\$ _____	_____						
\$ _____	_____						
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____						
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
PROP- ERTY	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left;">VALUE</th> <th style="width: 60%; text-align: left;">DESCRIPTION</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	VALUE	DESCRIPTION	_____	_____	_____	_____
	VALUE	DESCRIPTION					
_____	_____						
_____	_____						

DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No. of Dependents <u>2</u>	List persons you actually support and your relationship to them <u>Kaleigh</u> <u>Aleisha</u>		
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME <u>\$5,000</u>	Creditors <u>Citi bank</u> <u>Credit Card</u>	Total Debt \$ _____ \$ _____ \$ _____ \$ _____	Monthly Paymt. \$ _____ \$ _____ \$ _____ \$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 2/27/04

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Adam A Hill